



National  
Aeronautics  
and Space  
Administration

George C. Marshall Space Flight Center

# SUGGESTION EVALUATION

TO:	SUGGESTION NUMBER:	DATE:	REPLY DUE (Date):
	FROM:		PHONE:

The attached suggestion appears related to the function of your office. Your cooperation is needed to insure the suggestion receives fair appraisal and that it will be adopted if considered worthwhile. To achieve this, please: (1) have an appropriate person evaluate the suggestion; (2) if the evaluation is favorable, take the necessary steps to adopt; (3) if not within your area of responsibility, indicate in item 1 below, the appropriate organization and person, if known, to which it should be sent; and (4) return the evaluation to the above address.

EVALUATOR:	ORGANIZATION:	PHONE:
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1. DO YOU RECOMMEND ADOPTION OF THE SUGGESTION? ☐ YES ☐ NO ☐ TOTAL ☐ PARTIAL

(Explain below to what extent. If answer is "No", please explain why.)

IF "YES", ENTER THE APPROPRIATE DATE BELOW:

☐ ADOPTED ON: \_\_\_\_\_ ☐ WILL BE ADOPTED ON: \_\_\_\_\_

☐ ADOPTION IS DIRECT RESULT OF THE SUGGESTION.

☐ RECOMMEND REFERRAL FOR WIDE APPLICATION.

REASONS FOR ACTION TAKEN OR RECOMMENDED: *(Continue on separate page, if necessary.)*

## 2. TANGIBLE BENEFITS

ADOPTION WILL RESULT IN MONETARY SAVINGS TO THE GOVERNMENT

☐ YES

☐ NO

(If "Yes", complete the attached MSFC Form 427-1, Comparative Cost Analysis.)

## 3. INTANGIBLE BENEFITS

BENEFITS WILL BE REALIZED:

☐ YES

☐ NO

USING SCALE ON THE REVERSE SIDE, DETERMINE:

VALUE OF BENEFIT: \_\_\_\_\_

EXTENT OF APPLICATION: \_\_\_\_\_

DOLLAR AMOUNT: \_\_\_\_\_  
(Can be as little as \$100 or as great as \$10,000.)

DESCRIBE THE INTANGIBLE BENEFITS:

TITLE OF APPROVING AUTHORITY:	SIGNATURE:	DATE:
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